



Fire Protection Bureau

Office of the State Fire Marshal
Regional Services Division
Post Office Box 42600
Olympia, WA 98504-2600

FIRE SPRINKLER SYSTEM CONTRACTOR DEFICIENCY FORM

This form is intended to assist in documenting what you, the plans reviewer, the inspector, and/or fire sprinkler system contractor may consider to be deficiencies in design, installation, and/or testing/maintenance work performed by a licensed fire sprinkler contractor. This form may be reproduced as necessary.

Please fill out **both** sides of this form as completely as possible and submit it to this agency at the above address.

Date: _____ **From:** _____
(Reporting Agency/Company)

Contractor Involved

Name: _____

Washington State Contractors Business License Number: _____

Certificate Of Competency Holder Involved

Name: _____ **Certification Number:** _____

Project Information

Name Of Project: _____

Address or Location: _____

City: _____ **State:** _____ **WA** **Zip Code:** _____

Plans Drawn By: _____ **Date Drawn:** _____

Type Of Project: _____
(Apartment Building, Single Family Dwelling, Office, Retail Store)

Type Of System: ____ NFPA 13 D ____ NFPA 13 R ____ NFPA 13

(OVER)

Please indicate the applicable city and/or county ordinances and codes or list the deficiencies in design and/or workmanship observed.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature: _____

Please submit this form and any attachments as soon as possible after the deficiency was discovered.

NOTE: A copy of this document will be forwarded to the companies and involved individuals